

APPLICATION DATA SHEET

Application Information

Application Type:: Regular
Subject Matter:: Utility
Sequence Submission:: Paper
Computer Readable Form (CRF)?:: Yes
Number of copies of CRF:: 1
Title:: Diagnosis and Treatment of Vascular Disease

Attorney Docket Number:: MMI-003
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 117
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jeanette
Middle Name::
Family Name:: McCarthy
City of Residence:: San Diego
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 3625 Dupont Street
City of mailing address:: San Diego
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 92106

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: George

Middle Name::
Family Name:: Daley
City of Residence:: Weston

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 50 Young Road

City of mailing address:: Weston

State or Province of mailing address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 02193

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Stacey

Middle Name::
Family Name:: Bolk
City of Residence:: West Roxbury

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 202 Baker Street #1

City of mailing address:: West Roxbury

State or Province of
mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing
address:: 02132

Correspondence Information

Correspondence Customer
Number:: 000959

Representative Information

Representative Customer Number:	000959
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Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This Application	Non-Provisional of	60/317,033	09/04/01
This Application	Non-Provisional of	60/330,248	10/17/01

Assignee Information

Assignee name:: Millennium Predictive Medicine, Inc.
Street of mailing address:: 75 Sidney Street
City of mailing address:: Cambridge
State or Province of mailing
address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing
Address:: 02139